

Fill in this information to identify your case and this filing:

Debtor 1	<u>Toddrick</u>	<u>Alexander</u>	<u>Combs</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number	<u>22-04456-JMC-13</u>		

☐ Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.  
☒ Yes. Where is the property?

1.1 1921 Younce St  
Street address, if available, or other description  
  
Franklin, IN 46131-1042  
City State ZIP Code  
  
Johnson  
County

What is the property? Check all that apply.

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Source of Value: Average of property tax assessment, Zillow.com and Redfin.com values

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<u>\$157,278.00</u>	<u>\$157,278.00</u>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....

→ \$157,278.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No

☒ Yes

3.1 Make: Nissan

Model: Pathfinder

Year: 2015

Approximate mileage: 123000

Other information:

Good condition

Who has an interest in the property? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$24,000.00

\$24,000.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No

☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

\$24,000.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

Household goods and furnishings

\$1,750.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

TV's, cellphones

\$500.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

Official Form 106A/B

Schedule A/B: Property

page 2

9. Equipment for sports and hobbies

Examples:

Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

10. Firearms

Examples:

Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

11. Clothes

Examples:

Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Used clothing

\$400.00

12. Jewelry

Examples:

Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

Ring, bracelets, earrings, watches

\$300.00

13. Non-farm animals

Examples:

Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Describe.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

→

\$2,950.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples:

Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Cash.....

\$10.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No
 ☒ Yes.....

Institution name:

17.1. Checking account:

Horizon Bank Account ending 7079

\$225.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No
 ☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No
 ☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No
 ☐ Yes. Give specific information about them.....

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No
 ☒ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan:

401(k) Plan managed by Fidelity

\$5,774.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No
 ☐ Yes.....

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No
 ☐ Yes.....

Issuer name and description:

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No
 ☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No
 ☐ Yes. Give specific information about them....

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No
 ☐ Yes. Give specific information about them....

27. **Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them....

\_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal:

\_\_\_\_\_

State:

\_\_\_\_\_

Local:

\_\_\_\_\_

29. **Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

Alimony:

\_\_\_\_\_

Maintenance:

\_\_\_\_\_

Support:

\_\_\_\_\_

Divorce settlement:

\_\_\_\_\_

Property settlement:

\_\_\_\_\_

30. **Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information.....

\_\_\_\_\_

31. **Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value....

Company name:

Beneficiary:

Surrender or refund value:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No  
☐ Yes. Give specific information.....  \_\_\_\_\_

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No  
☐ Yes. Describe each claim.....  \_\_\_\_\_

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No  
☐ Yes. Describe each claim.....  \_\_\_\_\_

35. **Any financial assets you did not already list**

- ☒ No  
☐ Yes. Give specific information.....  \_\_\_\_\_

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....→**

**\$6,009.00**

**Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**

- ☒ No. Go to Part 6.  
☐ Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

38. **Accounts receivable or commissions you already earned**

- ☒ No  
☐ Yes. Describe.....  \_\_\_\_\_

39. **Office equipment, furnishings, and supplies**

*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No  
☐ Yes. Describe.....  \_\_\_\_\_

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No  
☐ Yes. Describe.....  \_\_\_\_\_

41. Inventory

☒ No  
☐ Yes. Describe.....  \_\_\_\_\_

42. Interests in partnerships or joint ventures

☒ No  
☐ Yes. Describe.....

Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_%

43. Customer lists, mailing lists, or other compilations

☒ No  
☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  
☒ No  
☐ Yes. Describe.....  \_\_\_\_\_

44. Any business-related property you did not already list

☒ No  
☐ Yes. Give specific information.....

\_\_\_\_\_

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... →

**\$0.00**

**Part 6:** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No  
☐ Yes.....  \_\_\_\_\_



48. **Crops—either growing or harvested**

☒ No  
☐ Yes. Give specific information.....  \_\_\_\_\_

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

☒ No  
☐ Yes.....  \_\_\_\_\_

50. **Farm and fishing supplies, chemicals, and feed**

☒ No  
☐ Yes.....  \_\_\_\_\_

51. **Any farm- and commercial fishing-related property you did not already list**

☒ No  
☐ Yes. Give specific information.....  \_\_\_\_\_

52. **Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....→** \$0.00

**Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above

53. **Do you have other property of any kind you did not already list?**

*Examples:* Season tickets, country club membership

☒ No  
☐ Yes. Give specific information.....  \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

54. **Add the dollar value of all of your entries from Part 7. Write that number here.....→** \$0.00

**Part 8:** List the Totals of Each Part of this Form

55. **Part 1: Total real estate, line 2.....→** \$157,278.00

56. **Part 2: Total vehicles, line 5** \$24,000.00

57. **Part 3: Total personal and household items, line 15** \$2,950.00

58. **Part 4: Total financial assets, line 36** \$6,009.00

59. **Part 5: Total business-related property, line 45** \$0.00

60. **Part 6: Total farm- and fishing-related property, line 52** \$0.00

61.

Part 7: Total other property not listed, line 54

+

\$0.00

62.

Total personal property. Add lines 56 through 61.....

\$32,959.00

Copy personal property total →

+

\$32,959.00

63.

Total of all property on Schedule A/B. Add line 55 + line 62.....

\$190,237.00

Fill in this information to identify your case:

Debtor 1	<u>Toddrick</u>	<u>Alexander</u>	<u>Combs</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number (if known)	<u>22-04456-JMC-13</u>		

☐ Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>1921 Younce St Franklin, IN 46131-1042</u>	<u>\$157,278.00</u>	<input checked="" type="checkbox"/> <u>\$22,750.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Ind. Code § 34-55-10-2(c)(1)</u> _____ _____
Line from Schedule A/B: <u>1.1</u>			
Brief description: <u>2015 Nissan Pathfinder</u> <u>Good condition</u>	<u>\$24,000.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Ind. Code § 34-55-10-2(c)(2)</u> _____ _____
Line from Schedule A/B: <u>3.1</u>			

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes

Debtor 1      Toddrick      Alexander      Combs  
First Name      Middle Name      Last Name

Case number (if known) 22-04456-JMC-13

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: Household goods and furnishings	\$1,750.00	<input checked="" type="checkbox"/> \$1,750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: 6			
Brief description: TV's, cellphones	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: 7			
Brief description: Used clothing	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: 11			
Brief description: Ring, bracelets, earrings, watches	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: 12			
Brief description: Cash	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3)
Line from Schedule A/B: 16			
Brief description: Horizon Bank Account ending 7079 Checking account	\$225.00	<input checked="" type="checkbox"/> \$225.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3)
Line from Schedule A/B: 17			
Brief description: 401(k) Plan managed by Fidelity	\$5,774.00	<input checked="" type="checkbox"/> \$5,774.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(6)
Line from Schedule A/B: 21			

Fill in this information to identify your case:

Debtor 1 Toddrick Alexander Combs  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Indiana

Case number 22-04456-JMC-13  
(if known)

☐ Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☒ Yes. Fill in all of the information below.

**Part 1:** List All Secured Claims

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
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<b>2.1</b> <u>C&amp;F Finance Company</u> Creditor's Name <u>Attn: Bankruptcy Department</u> <u>PO Box 38456</u> Number Street <u>Henrico, VA 23231</u> City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Date debt was incurred</b> <u>7/13/2022</u> <b>Remarks:</b> Judgment / Cause No. 41D04-2205-CC-000457	<b>Describe the property that secures the claim:</b> <u>1921 Younce St Franklin, IN 46131-1042</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <b>Last 4 digits of account number</b> <u>5 3 2 8</u>	<u>\$10,632.29</u> <u>\$157,278.00</u> <u>\$0.00</u>
---	--	--

Add the dollar value of your entries in Column A on this page. Write that number here:

\$10,632.29

Part 1:	Additional Page	Column A	Column B	Column C
	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any

2.2

Centra Credit Union

Creditor's Name

Attn: Bankruptcy

1430 National Road

Number Street

Columbus, IN 47201

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only
 ☐ Debtor 2 only
 ☐ Debtor 1 and Debtor 2 only
 ☐ At least one of the debtors and another
 ☐ Check if this claim relates to a community debt

Date debt was incurred

6/1/2021

Describe the property that secures the claim:

2015 Nissan Pathfinder

Good condition

As of the date you file, the claim is: Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)
 ☐ Statutory lien (such as tax lien, mechanic's lien)
 ☐ Judgment lien from a lawsuit
 ☒ Other (including a right to offset)

Certificate of Title

Last 4 digits of account number

7 9 4 7

\$27,432.00

\$24,000.00

\$3,432.00

2.3

Mariner Finance, LLC

Creditor's Name

Attn: Bankruptcy

8211 Town Center Drive

Number Street

Nottingham, MD 21236

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only
 ☐ Debtor 2 only
 ☐ Debtor 1 and Debtor 2 only
 ☐ At least one of the debtors and another
 ☐ Check if this claim relates to a community debt

Date debt was incurred

8/26/2022

Describe the property that secures the claim:

1921 Younce St Franklin, IN 46131-1042

As of the date you file, the claim is: Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)
 ☐ Statutory lien (such as tax lien, mechanic's lien)
 ☒ Judgment lien from a lawsuit
 ☐ Other (including a right to offset)

Last 4 digits of account number

3 9 1 8

\$6,926.87

\$157,278.00

\$0.00

Remarks: Judgment / Cause No. 41D01-2206-CC-000643

Add the dollar value of your entries in Column A on this page. Write that number here:

\$34,358.87

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 4

Part 1:	Additional Page	Column A	Column B	Column C	
	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any	
2.4	<div>Midland Mortgage Co</div> <div>Creditor's Name</div> <div>Po Box 26648</div> <div>Number Street</div> <div>Oklahoma City, OK 73126-0648</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Date debt was incurred</div> <div>2/1/2010</div>	<div>Describe the property that secures the claim:</div> <div>1921 Younce St Franklin, IN 46131-1042</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Nature of lien. Check all that apply.</div> <div><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div> <div><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div> <div><input type="checkbox"/> Judgment lien from a lawsuit</div> <div><input checked="" type="checkbox"/> Other (including a right to offset)</div> <div>Mortgage</div> <div>Last 4 digits of account number 9 2 0 2</div>	\$67,511.00	\$157,278.00	\$0.00
2.5	<div>U.S. Dept. of Housing &amp; Urban Dev.</div> <div>Creditor's Name</div> <div>77 W Jackson Blvd</div> <div>Number Street</div> <div>Chicago, IL 60604-3511</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Date debt was incurred</div> <div>5/20/2021</div>	<div>Describe the property that secures the claim:</div> <div>1921 Younce St Franklin, IN 46131-1042</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Nature of lien. Check all that apply.</div> <div><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div> <div><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div> <div><input type="checkbox"/> Judgment lien from a lawsuit</div> <div><input checked="" type="checkbox"/> Other (including a right to offset)</div> <div>Subordinate Mortgage</div> <div>Last 4 digits of account number 5 9 3 7</div>	\$2,166.09	\$157,278.00	\$0.00
Add the dollar value of your entries in Column A on this page. Write that number here:		\$69,677.09			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$114,668.25			

Debtor 1      Toddrick      Alexander      Combs  
First Name      Middle Name      Last Name

Case number (if known) 22-04456-JMC-13

**Part 2:** List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ 1 Krisor & Associates  
Name  
Po Box 6200  
Number      Street  
  
South Bend, IN 46660-6200  
City      State      ZIP Code

On which line in Part 1 did you enter the creditor? 1  
Last 4 digits of account number 0 4 5 7

☐ 2 Robert Crane & Associates  
Name  
916 Main St Po Box 151684  
Number      Street  
  
Anderson, IN 46016-1744  
City      State      ZIP Code

On which line in Part 1 did you enter the creditor? 3  
Last 4 digits of account number 0 6 4 3



Fill in this information to identify your case:

Debtor 1 Toddrick Alexander Combs  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Indiana

Case number 22-04456-JMC-13  
(if known)

☐ Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.  
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

**Indiana Department of Revenue**

Priority Creditor's Name

**Bankruptcy Section, N-240 MS 108**

**100 N Senate Ave**

Number Street

**Indianapolis, IN 46204-2273**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Remarks: NOTICE ONLY

Last 4 digits of account number 1681

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Total claim	Priority amount	Nonpriority amount
<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>

**Part 1:** Your PRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

<p><b>2.2</b>      <u>Internal Revenue Service</u></p> <p>Priority Creditor's Name</p> <p><u>Centralized Insolvency Operations</u></p> <p><u>Po Box 7346</u></p> <p>Number      Street</p> <p><u>Philadelphia, PA 19101-7346</u></p> <p>City      State      ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Remarks: NOTICE ONLY</p>	<p>Last 4 digits of account number <u>1681</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p>	<table border="1"> <tr> <td style="text-align: right;"><u>\$0.00</u></td> <td style="text-align: right;"><u>\$0.00</u></td> <td style="text-align: right;"><u>\$0.00</u></td> </tr> </table>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>			

<p><b>2.3</b>      <u>Law Office of Matthew M. Cree, LLC</u></p> <p>Priority Creditor's Name</p> <p><u>310 W Main St Ste 205</u></p> <p>Number      Street</p> <p><u>Greenwood, IN 46142-3130</u></p> <p>City      State      ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Attorney Fees</b></p>	<table border="1"> <tr> <td style="text-align: right;"><u>\$4,350.00</u></td> <td style="text-align: right;"><u>\$4,350.00</u></td> <td style="text-align: right;"><u>\$0.00</u></td> </tr> </table>	<u>\$4,350.00</u>	<u>\$4,350.00</u>	<u>\$0.00</u>
<u>\$4,350.00</u>	<u>\$4,350.00</u>	<u>\$0.00</u>			

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

Americollect, Inc

Nonpriority Creditor's Name

PO Box 1566 1851 South Alverno Road

Number Street

Manitowoc, WI 54221-1566

City State ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 623C

When was the debt incurred? 12/01/2021

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Collection Agency - Radiology of Indiana, P.C.

Total claim

\$166.00

4.2

Capital One

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 30285

Number Street

Salt Lake City, UT 84130-0285

City State ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 2706

When was the debt incurred? 02/01/2021

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Credit Card

\$737.00

4.3

Capital One

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 30285

Number Street

Salt Lake City, UT 84130-0285

City State ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 0373

When was the debt incurred? 06/01/2019

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Credit Card

\$248.00

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim	
4.4	<p><b>Credit One Bank</b>            Nonpriority Creditor's Name  <b>Attn: Bankruptcy Department</b>  <b>PO Box 98873</b>            Number Street  <b>Las Vegas, NV 89193</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2062</u></p> <p>When was the debt incurred? <u>08/01/2019</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<u>\$1,363.00</u>
4.5	<p><b>Credit One Bank</b>            Nonpriority Creditor's Name  <b>Attn: Bankruptcy Department</b>  <b>PO Box 98873</b>            Number Street  <b>Las Vegas, NV 89193</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2708</u></p> <p>When was the debt incurred? <u>05/01/2021</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<u>\$1,104.00</u>
4.6	<p><b>Greensky LLC</b>            Nonpriority Creditor's Name  <b>1797 Northeast Expy Ne Ste 100</b>            Number Street  <b>Brookhaven, GA 30329-2451</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0433</u></p> <p>When was the debt incurred? <u>06/01/2020</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Unsecured loan</b></p>	<u>\$851.00</u>

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim	
4.7	<p><b>Midnight Velvet/Swiss Colony</b>            Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b>  <b>1112 Seventh Ave</b>            Number Street  <b>Monroe, WI 53566-1364</b>            City State ZIP Code</p> <p>Who incurred the debt? Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0550</u></p> <p>When was the debt incurred? <u>03/01/2021</u></p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Charge Account</b></p>	<u>\$233.00</u>
4.8	<p><b>Navient Solutions Inc</b>            Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b>  <b>P.O. Box 9500</b>            Number Street  <b>Wilkes-Barre, PA 18773-9500</b>            City State ZIP Code</p> <p>Who incurred the debt? Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0224</u></p> <p>When was the debt incurred? <u>06/01/2011</u></p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:  <input checked="" type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify  <b>Educational</b></p>	<u>\$9,611.00</u>
4.9	<p><b>Navient Solutions Inc</b>            Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b>  <b>P.O. Box 9500</b>            Number Street  <b>Wilkes-Barre, PA 18773-9500</b>            City State ZIP Code</p> <p>Who incurred the debt? Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0224</u></p> <p>When was the debt incurred? <u>06/01/2011</u></p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:  <input checked="" type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify  <b>Educational</b></p>	<u>\$4,091.00</u>

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim	
4.10	<p><b>Synchrony Bank</b>            Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b>  <b>PO Box 965060</b>            Number Street  <b>Orlando, FL 32896-5060</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5334</u></p> <p><b>When was the debt incurred?</b> <u>08/01/2021</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Charge Account - HHGregg</b></p>	<u>\$1,022.00</u>
4.11	<p><b>Synchrony Bank</b>            Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b>  <b>PO Box 965064</b>            Number Street  <b>Orlando, FL 32896-5060</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>6189</u></p> <p><b>When was the debt incurred?</b> <u>01/01/2020</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Charge Account - TJMaxx</b></p>	<u>\$105.00</u>

Debtor 1      Toddrick      Alexander      Combs  
First Name      Middle Name      Last Name

Case number (if known) 22-04456-JMC-13

**Part 3:** List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Radiology of Indiana  
Name  
9998 Crosspoint Blvd Ste 200  
Number      Street  
Indianapolis, IN 46256-3307  
City      State      ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Number      Street  
\_\_\_\_\_  
\_\_\_\_\_  
City      State      ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations

6a.

\$0.00

6b. Taxes and certain other debts you owe the government

6b.

\$0.00

6c. Claims for death or personal injury while you were intoxicated

6c.

\$0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. +

\$4,350.00

6e. Total. Add lines 6a through 6d.

6e.

\$4,350.00

Total claim

\$4,350.00

Total claims from Part 2

6f. Student loans

6f.

\$13,702.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g.

\$0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h.

\$0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. +

\$5,829.00

6j. Total. Add lines 6f through 6i.

6j.

\$19,531.00

Total claim

\$19,531.00



Fill in this information to identify your case:

Debtor 1	<u>Toddrick</u>	<u>Alexander</u>	<u>Combs</u>
	First Name	Middle Name	Last Name
<hr/>			
Debtor 2	<hr/>		
(Spouse, if filing)	First Name	Middle Name	Last Name
<hr/>			
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number	<u>22-04456-JMC-13</u>		
(if known)			

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<u>Planet Fitness</u> Name <u>8707 Hardegan St</u> Number Street <u>Indianapolis, IN 46227-7211</u> City State ZIP Code	Gym Membership. Contract to be ASSUMED
2.2	<u>T-Mobile</u> Name <u>Attn: Customer Relations</u> <u>Po Box 37380</u> Number Street <u>Albuquerque, NM 87176-7380</u> City State ZIP Code	Contract for cellphones and service. Contract to be ASSUMED
2.3	 Name  Number Street  City State ZIP Code	
2.4	 Name  Number Street  City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	<u>Toddrick</u>	<u>Alexander</u>	<u>Combs</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number (if known)	<u>22-04456-JMC-13</u>		

☐ Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

**Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.**

- Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)  
☒ No  
☐ Yes
- Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)  
☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☐ Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

- In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Toddrick Alexander Combs  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Indiana

Case number 22-04456-JMC-13  
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

☒ Employed ☐ Not Employed

Supervisor

United National Foods, Inc.

655 Commerce Parkway East Dr  
Number Street

dba Unfi

Greenwood, IN 46143-7537

City State Zip Code

17 years

Debtor 2 or non-filing spouse

☒ Employed ☐ Not Employed

Life Coach

Goodwill Education Initiatives, Inc.

1635 W Michigan St  
Number Street

dba The Excel Center

Indianapolis, IN 46222-3852

City State Zip Code

10 years

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or  
non-filing spouse

2. \$5,250.01 \$3,907.54

3. + \$0.00 + \$0.00

4. \$5,250.01 \$3,907.54

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....→	4.	\$5,250.01	\$3,907.54
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$1,072.86	\$538.66
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c.	\$52.50	\$39.07
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$29.19
5e. Insurance	5e.	\$31.72	\$461.13
5f. Domestic support obligations	5f.	\$0.00	\$0.00
5g. Union dues	5g.	\$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. +	\$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$1,157.08	\$1,068.04
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$4,092.93	\$2,839.50
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00
8b. Interest and dividends	8b.	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00
8d. Unemployment compensation	8d.	\$0.00	\$0.00
8e. Social Security	8e.	\$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$0.00	\$0.00
8g. Pension or retirement income	8g.	\$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h. +	\$0.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$4,092.93	\$2,839.50
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +		\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12.		\$6,932.43
Combined monthly income			
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain:			

Fill in this information to identify your case:

Debtor 1                      Toddrick                      Alexander                      Combs  
First Name                      Middle Name                      Last Name

Debtor 2  
(Spouse, if filing)                      \_\_\_\_\_  
First Name                      Middle Name                      Last Name

United States Bankruptcy Court for the:                      Southern District of Indiana

Case number                      22-04456-JMC-13  
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

**Dependent's relationship to Debtor 1 or Debtor 2**

**Dependent's age**

**Does dependent live with you?**

Child	15 years	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
Child	13 years	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
Child	12 years	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
Child	7 years	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

**Your expenses**

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4.                      \$781.00

**If not included in line 4:**

4a. Real estate taxes	4a. <u>\$0.00</u>
4b. Property, homeowner's, or renter's insurance	4b. <u>\$0.00</u>
4c. Home maintenance, repair, and upkeep expenses	4c. <u>\$100.00</u>
4d. Homeowner's association or condominium dues	4d. <u>\$0.00</u>

		Your expenses	
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	5.	<u>\$0.00</u>
6.	<b>Utilities:</b>		
6a.	Electricity, heat, natural gas	6a.	<u>\$300.00</u>
6b.	Water, sewer, garbage collection	6b.	<u>\$200.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$250.00</u>
6d.	Other. Specify: _____	6d.	<u>\$0.00</u>
7.	<b>Food and housekeeping supplies</b>	7.	<u>\$1,200.00</u>
8.	<b>Childcare and children's education costs</b>	8.	<u>\$100.00</u>
9.	<b>Clothing, laundry, and dry cleaning</b>	9.	<u>\$200.00</u>
10.	<b>Personal care products and services</b>	10.	<u>\$250.00</u>
11.	<b>Medical and dental expenses</b>	11.	<u>\$100.00</u>
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$300.00</u>
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	<u>\$100.00</u>
14.	<b>Charitable contributions and religious donations</b>	14.	<u>\$0.00</u>
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a.	Life insurance	15a.	<u>\$0.00</u>
15b.	Health insurance	15b.	<u>\$0.00</u>
15c.	Vehicle insurance	15c.	<u>\$130.00</u>
15d.	Other insurance. Specify: _____	15d.	<u>\$0.00</u>
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	<u>\$0.00</u>
17.	<b>Installment or lease payments:</b>		
17a.	Car payments for Vehicle 1	17a.	<u>\$0.00</u>
17b.	Car payments for Vehicle 2	17b.	<u>\$0.00</u>
17c.	Other. Specify: _____	17c.	<u>\$0.00</u>
17d.	Other. Specify: _____	17d.	<u>\$0.00</u>
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).</b>	18.	<u>\$0.00</u>
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19.	<u>\$0.00</u>
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i>.</b>		
20a.	Mortgages on other property	20a.	<u>\$0.00</u>
20b.	Real estate taxes	20b.	<u>\$0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c.	<u>\$0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d.	<u>\$0.00</u>
20e.	Homeowner's association or condominium dues	20e.	<u>\$0.00</u>

21. Other. Specify: \_\_\_\_\_

21. + \$0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$4,011.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$4,011.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \$6,932.43

23b. Copy your monthly expenses from line 22c above.

23b. \$4,011.00

23c. Subtract your monthly expenses from your monthly income.

23c. \$2,921.43

The result is your *monthly net income*.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

Fill in this information to identify your case:

Debtor 1                      Toddrick                      Alexander                      Combs  
First Name                      Middle Name                      Last Name

Debtor 2  
(Spouse, if filing)                      \_\_\_\_\_  
First Name                      Middle Name                      Last Name

United States Bankruptcy Court for the:                      Southern District of Indiana

Case number                      22-04456-JMC-13  
(if known)

☐ Check if this is an amended filing

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

### Part 1: Summarize Your Assets

#### 1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	<u>\$157,278.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	<u>\$32,959.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	<u>\$190,237.00</u>

#### Your assets

Value of what you own

### Part 2: Summarize Your Liabilities

#### 2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	<u>\$114,668.25</u>
---	---------------------

#### 3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	<u>\$4,350.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	<u>\$19,531.00</u>

Your total liabilities

\$138,549.25

#### Your liabilities

Amount you owe

### Part 3: Summarize Your Income and Expenses

#### 4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	<u>\$6,932.43</u>
---	-------------------

#### 5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	<u>\$4,011.00</u>
---	-------------------



Part 4:

Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those “incurred by an individual primarily for a personal, family, or household purpose.” 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$9,291.48

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

- 9a. Domestic support obligations (Copy line 6a.)

\$0.00
- 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$0.00
- 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$0.00
- 9d. Student loans. (Copy line 6f.)

\$13,702.00
- 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$0.00
- 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ \$0.00
- 9g. **Total.** Add lines 9a through 9f.

\$13,702.00

Fill in this information to identify your case:

Debtor 1	<u>Toddrick</u>	<u>Alexander</u>	<u>Combs</u>
	First Name	Middle Name	Last Name
<hr/>			
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
<hr/>			
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number (if known)	<u>22-04456-JMC-13</u>		

☐ Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Toddrick Alexander Combs  
Toddrick Alexander Combs, Debtor 1

Date 11/08/2022  
MM/ DD/ YYYY